



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: 07-JAN-2003

Repository

OFFICE DEFECTS INVESTIGATION  
07-JAN-2003

Reference No.  
10002273

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: CRAWFORDVILLE State: FL Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an address to the vehicle manufacturer,  YES  NO  
Signature of Owner: [Redacted] Date: 1/29/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (printed at bottom of windshield) on driver's side: [Redacted]  
Make: NISSAN Model: QUEST Model Year: 2002  
Date Purchased: 2/9/02 Dealer's Name and Telephone Number: KRAFT MOTORS  
Original Owner:  Dealer's City: TALLAHASSEE State: FL Zip Code: [Redacted]  
Engine: No: Cylinders: FUEL Type: UNLEADED  
Transmission Type: AUTOMATIC  Antilock Brakes:  Powertrain: [Redacted]  
Vehicle Component Code: 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL  
Multiple Failure: [Redacted]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12/31/02 Failure Mileage: 14,000 Failure Speed: 40-110

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM15ABC036): [Redacted]  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES WHILE DRIVING THE ACCELERATOR PEDAL GOT STUCK AND THE VEHICLE WENT UP TO A SPEED OF ABOUT 110MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. TS

WE HAD A VERY HARD TIME STOPPING THE VAN. WE FINALLY HAD TO PUT IT IN PARK WHILE DRIVING 10MPH. I DO NOT FEEL SAFE IN THIS VEHICLE. KRAFT MOTORS SAID THEY COULDNT FIND ANYTHING TO REPAIR I FIND IT VERY HARD TO BELIEVE THEY MADE NO REPAIRS. THEY KEPT THE VAN FOR 3 DAYS - IT DRIVES FINE NOW. WE COULD NOT EVEN GET IT TO START AFTER THE INCIDENT AND THEY MADE US PAY FOR TOWING.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY  
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to help the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**